

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039380

STATE FILE NUMBER

Registration District No. 87

Primary Registration District No. 4565

Registrar's No. 77

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED NOV 14 1963

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Crawford</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>                   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Sullivan</b>  |   | c. CITY OR TOWN <b>Sullivan</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Sullivan Comm. Hosp.</b>  |   | d. STREET ADDRESS (If outside, give location)<br><b>912 W. Springfield</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>William Jasper Crow</b>  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>Nov. 7, 1963</b>   |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>   | 8. DATE OF BIRTH<br><b>4/11/1909</b>   |
| 9. AGE (last birthday)<br><b>54</b>   |   | 10. IF UNDER 1 YEAR<br>Months Days Hours Min.   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Plumber</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Commercial</b>  |  |
| 11. BIRTHPLACE (City and state or country)<br><b>Anthones Mill, Mo. U.S.A.</b>  |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |  |
| 13a. FATHER'S NAME<br><b>Jasper Crow</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Allie Sappington</b>  |  |
| 14. NAME OF HUSBAND OR WIFE<br><b>Olive Crow</b>  |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates)<br><b>No</b>   |  |
| 16. SOCIAL SECURITY NO.<br><b>981</b>   |   | 17. INFORMANT<br><b>Olice Crow, Sullivan, Mo.</b>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebrovascular Hemorrhage</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>5 1/2 days</b>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Arteriosclerosis Hypertension</b>   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m. Month, Day, Year  |   | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   | 20f. CITY, TOWN, OR LOCATION<br>COUNTY STATE  |  |
| 21. I attended the deceased from <b>1954</b> to <b>1963</b> and last saw her alive on <b>11/7/63</b><br>Death occurred at <b>11:00 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |  |
| 22a. SIGNATURE<br>(Degree or title)<br><b>John J. Eaton, M.D.</b>   |   | 22b. ADDRESS<br><b>26 W. Main, Sullivan, Mo.</b>  |  |
| 22c. DATE SIGNED<br><b>11/9/63</b>  |   | 23a. BIRTHPLACE (City and state or country)<br><b>Sullivan, Mo.</b>   |  |
| 23b. DATE<br><b>11/11/1963</b>  |   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>I.O.O.F. Memorial</b>  |  |
| 23d. LOCATION (City, town, or county)<br><b>Sullivan, Mo.</b>   |   | 23e. DATE RECD. BY LOCAL REG.<br><b>11-10-1963</b>  |  |
| 24. FUNERAL DIRECTOR<br><b>H.M. Eaton, Sullivan, Mo.</b>  |   | 25. REGISTRAR'S SIGNATURE<br><b>Jack H. Strasser</b>  |  |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

NOV 15 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Harrison W. Catm*

Licensed Embalmer No. 5066

P. O. Address Fullerton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.